



HSBC Bank Middle East Limited

## Corporate Bank Account Closing Form

To: HSBC Bank Middle East Limited (UAE Branch) (the "Bank"):

Account Number(s) to be closed: .....

Account Name: .....

Reason for closing account: .....

**Any outstanding products/services:** Please ensure that all outstanding products/services that utilise the account(s) to be closed are cancelled/terminated before submission of the form. Account closures will not be processed if there are any outstanding products/services.

### Select one of the below:

Sub-account closure - Account balance must be zero in order to close a sub account.

I/We authorize charges to be collected from ..... account.

Full account closure - Pay the balance by (remaining balance will be transferred after any applicable interest has been credited and due charges have been collected by the Bank):

▶ A transfer to my/our account number: .....

▶ Telegraphic Transfer

Beneficiary IBAN: .....

Beneficiary Currency: .....

Beneficiary Name: .....

Beneficiary Address (full address including country): .....

Beneficiary Bank Name: .....

Beneficiary Bank Code: .....

Beneficiary Code Type: .....

▶ Cashier orders (Bank standard board rates would apply for converting foreign currency to AED cashier cheques)

Preferred branch to collect from:

If you wish to be provided with the Final Statement on this account(s) please tick this box

### Additional documents as applicable

Updated Trade/Commercial License .....

De-Registration Certificate

For any document requests pertaining to this account closure request, I/We authorise the Bank to contact us:

Contact number: ..... Email ID: .....

**Customer Signature:** .....

HSBC Bank Middle East Limited - **Corporate Bank Account Closing Form**

I/We understand that the Bank accept no responsibility for any loss or delay which may occur in the transfer, transmission and/or application of funds or (in the case of remittance by telegraphic transfers) for any error, omission or mutilation which may occur in the transmission of any message or for its misinterpretation when received and I/We agree to indemnify the Bank against any actions, proceedings, claims and/or demands that may arise in connection with such loss, delay, error, omission or misinterpretation. I/We undertake to pay the Bank on demand the full value of any transactions on my credit/debit card which have not yet been processed together with any charge applicable and/or interest. I/We further understand that all products and services related to the account(s) will henceforth be discontinued.

I/We authorise the Bank to collect any unpaid charges.

I/We acknowledge that I am/We are responsible for destroying any unused cheques which were not returned by me/us to the Bank, at the time of account closing.

Authorized Signatory (holding account closing authority)

Name 1: .....

Signature 1: ..... Date: .....

Name 2: .....

Signature 2: ..... Date: .....